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ESTIMATES COMMITTEE
1962-63

FOURTH REPORT

(THIRD LOK SABHA)

MINISTRY OF HEALTH
PUBLIC HEATH

PART I

INDIA
LOK SABHA SECRETARIAT

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ESTIMATES COMMITTEE
1962-63

15

FOURTH REPORT

(THIRD LOK SABHA)

MINISTRY OF HEALTH

Action taken by Government on the recommendations contained in the Thirty-seventh Report (Second Lok Sabha) of the Estimates Committee on the Ministry of Health.

Public Health

PART I

सत्यमेव जयते

LOK SABHA SECRETARIAT
NEW DELHI—1

September, 1962
Bhadra, 1884 (Saka)

Price Re 1.15 nP.

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CORRIGENDA

to

Fourth Report of the Estimates Committee on action taken by Government on the recommendations contained in the Thirty-seventh Report (Second Lok Sabha) of the Estimates Committee on the Ministry of Health — Public Health — Part I.

Contents page, under 'APPENDICES', item No. II, *insert* "Recommendation 79" *after* "1958"

Page 4, column 3, line 14, *read* 'people' *for* 'pople'.

Page 5, column 4, line 27, *read* '10-8' *for* '10 8'

Page 6, column 3, line 2, *read* '200 million' *for* '20 Million'

Page 6, column 4, lines 3 and 10, *read* '25-1-1960' *for* '23-8-1960'

Page 8, column 4, line 10, *read* '25-1-1960' *for* '23rd August, 1960'

Page 9, column 4, line 6, *read* '25-1-1960' *for* '23-8-1960'

Page 11, column 3, line 3, *read* 'Malaria' *for* 'Maiaria'

Page 11, column 4, line 12, *read* '25-1-1960' *for* '3-5-1960'

Page 16, column 4, line 14, *read* 'The' *for* 'Tde'

Page 19, column 3, line 4, *read* 'that' *for* 'than'

Page 25, column 3, line 7, *read* 'so that' *for* 'sot hat'

Page 25, column 4, line 22, *read* 'contacted' *for* 'connected'

Page 27, column 4, line 5, *read* 'of' *for* 'fo'

Page 31, column 4, line 15, *read* 'Engineering' *for* 'Engineerig'

Page 32, column 3, line 9, *read* 'effluents' *for* 'affluents'

Page 32, column 4, line 9, *read* 'The' *for* 'he'

Page 34, column 4, line 5, *read* 'wastes' *for* wasted'

Page 39, column 4, line 13, *read* 'decided' *for* 'decined'

Page 41, column 4, line 23, *read* 'of' *for* 'o'

Page 41, foot-note, *read* 'Appendix II' *for* 'Appendix I'

Page 46, column 3, line 19, *read* 'incurable' *for* 'incuravle'

P.T.O.

1712(Ai1) LS—1

Page 47, column 4, line 1, *read* 'maintenance' *for* 'maintes

Page 49, column 4, line 5, *read* 'In' *for* 'I'

Page 52, column 3, line 9, *read* 'tubewells' *for* 'tubwells'

Page 53, column 3, line 14, *read* 'surface' *for* 'sruface'

Page 53, column 4, line 6, *read* '25.1.1960' *for* '25.1.1962'

Page 54, column 4, line 16, *read* 'purpose' *for* 'prupose'

Page 56, column 3, line 16, *read* 'conduit' *for* 'conduir'

Page 57, column 3, line 9, *read* 'Interim' *for* 'Interin'

Page 57, column 4, line 13, *read* '23.8.1960' *for* '25.1.1960

Page 58, column 4, line 9, *read* 'problem' *for* 'Problem'

Page 58, column 4, line 18, *read* '25.1.1960' *for* '25.1.1961'

Page 59, column 3, line 7, *read* 'scheme' *for* 'Scheme'

Page 59, column 3, line 10, *read* 'how_' *for* 'how'

Page 61, column 4, line 13, *read* 'whe_' *for* 'wh'

Page 64, column 4, line 3, *read* 'advantageous' *for* 'advant

Page 67, columns 1 & 2, *delete* '7' and '31' respectively.

Page 71, column 3, line 19, *read* 'pro_' *for* 'pre_'

Page 72, column 3, line 16, *read* 'research' *for* 'Research'

Page 74, column 4, line 10, *read* 'Lady' *for* 'lady'

Page 75, column 3, line 11, *read* 'Bill' *for* 'B ll'

Page 75, column 4, line 8, *read* 'works' *for* 'Works'

Page 78, column 4, line 1, *insert* 'of Health' *after* 'Minist

Page 78, column 4, line 2, *delete* 'of Health'

Page 80, line 15, *read* 'purchased' *for* 'purchaed'

Page 80, lines 22-23, *read* 'Laccadive, Minicoy and Amindi Islands' *for* 'Laccadive, Minicoy Arindivi Islands

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[illegible] III	Replies of Government that have been accepted by the Committee	[illegible]
[illegible] IV	Replies of Government that have not been finally accepted by the Committee	[illegible]

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I. Summary of replies from Union Territories regarding supply of anti—biotics to T.B. patients either free or at concessional rates—Recommendation 51 . . . . . [illegible]

II. List of offices which have already shifted [illegible] 1958 . . . . . [illegible]

III. Summary of replies received from State Govts. Administrations in recommendation 56 . . . . . [illegible]

IV. Summary of replies received from States in respect of recommendation 57. . . . . [illegible]

V. Analysis of the Action taken by Government on the recommendations contained in the Thirty-seventh Report (Second Lok Sabha) of the Estimates Committee . . . . . [illegible]

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(1962-63)

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Shri Avtar Singh Rikhy—*Deputy Secretary*

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*Elected w.e.f. 18-8-1962 *vice* Shri Shivram Rango Rane.

INTRODUCTION

I, the Chairman of the Estimates Committee, having been authorised by the Committee, present this Fourth Report on action taken on the recommendations contained in the Thirty-seventh Report (Second Lok Sabha) of the Estimates Committee on the Ministry of Health—Public Health—Part I.

2. The Thirty-seventh Report of the Estimates Committee was presented to Lok Sabha on the 17th February, 1959. Government furnished their replies indicating action taken on the recommendations contained in the Report on the 25th January, 1960. The Study Group 'F' of the Estimates Committee considered these replies on the 15th April, 1960. Thereafter Government were requested to furnish further information on certain points arising out of their replies to some of the recommendations. Further information furnished by the Government was considered by the Study Group 'E' of the Estimates Committee on the 9th September, 1961. The draft Report on action taken on all the recommendations was considered by the Study Group on the 13th December, 1961. The draft Report was adopted by the Committee on the 14th August, 1962.

3. The Report has been divided into the following four chapters:

I. Report.

II. Recommendations that have been accepted by Government.

III. Replies of Government that have been accepted by the Committee.

IV. Replies of Government that have not been finally accepted by the Committee.

4. An analysis of the action taken by Government on the recommendations contained in the Thirty-seventh Report (Second Lok Sabha) of the Estimates Committee is given in Appendix V. It would be observed therefrom that out of a total of 81 recommendations made in the Report, 54 recommendations *i.e.* 66.7 per cent have been fully accepted by the Government, while 12 recommendations *i.e.* 14.8 per cent have been accepted partly. Of the rest, replies of Government in respect of 7 recommendations *i.e.* 8.6 per cent have been accepted by the Committee, while those in respect of 8 recommendation *i.e.* 9.9 per cent have not been accepted by the Committee.

H. C. DASAPPA,
Chairman,
Estimates Committee.

NEW DELHI
September 5, 19[illegible]a 14, 1884 (*Saka*).

CHAPTER I

REPORT

In para 116 of the 37th Report (Second Lok Sabha) the Committee referring to the magnitude and urgency of the problem of slum clearance in Delhi had expressed the hope that the allocation of Rs. 3.5 crores made therefor during the Second Five Year Plan as against the estimated cost of Rs. 4·5 crores would be fully utilised. The Ministry have in their reply stated that no specific allotment has been made for slum clearance works in Delhi during the Second Five Year Plan period and the amount of Rs. 3·5 crores mentioned by that Ministry was on the basis of some informal discussions which the then Joint Secretary of the Ministry of Health had with the Planning Commission. They have, however, furnished figures of the amounts budgeted and utilisation during the last 4 years as below:

(Rupees in lakhs)

Executing Agency	Year	Amount Budgeted	Amount Utilised	Percentage of Colmn. (4) to (3)
1	2	3	4	5
Delhi Development Authority	1957-58	38·00	38·00	100%
Do.	1958-59	150·00	112.00	74·7%
Delhi Municipal Corporation	1959-60	147·00	25·00	17·0%
Do.	1960-61	150·00	15·37	10·2%

Explaining the low utilisation during the year 1959-60, the Ministry have stated that the Delhi Municipal Corporation took over the work for the Delhi Development Authority in March, 1959 and had to gear up its machinery to tackle the new type of work. The preliminaries, it was stated, had been completed and the progress in the year 1960-61 was expected to be better. *The Committee regret that the urgent and desirable work of slum clearance in the capital has proceeded at a halting pace. While it may be that the Corporation took some time in gearing up its machinery to tackle the work in 1959-60, which accounted for the very large shortfall in that year, the Committee cannot see why the performance in the following year, 1960-61 came out to be even poorer completely belying the expectations. They recommend that Government should take urgent steps to check this unsatisfactory position and ensure that the work proceeds apace.*

CHAPTER II

RECOMMENDATIONS THAT HAVE BEEN ACCEPTED BY GOVERNMENT

Serial No. (as in Appendix VIII of the 37th Report)	Reference to paragraph No. of the Report	Summary of Recommendation/Conclusion	Reply of Government
(1)	(2)	(3)	(4)
1	2	The Committee would like to observe that in the background of the principles (given in Appendix I) mentioned by the Bhore Committee for future health development in the country, the position of Medical and Public Health as obtaining in the country today needs considerable further improvement.	Noted. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).
2	4	The Committee would like to lay special stress on the point that no amount of effort on the part of Government alone will achieve the objective set by the Constitution without the	Noted. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).

		people's willing and active co-operation. They therefore, recommend that greater emphasis should be laid on people's active participation in the various public health programmes.	
4	7 A B	The Committee suggest that the Directorate General of Health Services at the Centre should have teams of experts who should visit the States and help their staff in formulating detailed plans well in advance so that allocated funds, meagre as they are, are not left un utilised. In formulating these plans more emphasis should be laid on medical facilities, personnel, equipment etc. and less on building works.	"A" The teams of officers of the Ministry of Health and of the Directorate General of Health Services have already been visiting the various States with a view to have on the spot discussions with the State authorities regarding formulation and progress of implementation of Health Schemes sponsored/assisted by the Central Government which are included in the 2nd Five Year Plan at the Central and in States. The proposals formulated by the State Governments are further discussed at meetings held in the Planning Commission every year and adjustments carried out to make the best use of the unspent amount of the allotted funds. The schemes are also discussed in Conferences of Administrative Medical Officers, Health Secretaries Ministers annually. "B" This is already being done. (*Ministry of Health O.M. No. F. [illegible] B dated 25-1-1960*)
5	8	The Ministry of Health have appointed a small committee to take an overall picture and collect certain material and thereafter a committee on the lines of Bhore Committee will be appointed to scrutinise all the schemes and suggest ways and means of implementing them.	The recommendation has been placed before the High Power Committee now appointed (Mudaliar Committee). (*Ministry of Health O.M. No. F. 7 50/59 B, dated 25-1-1960*).

1	2	3	4
		The Committee feel that this is a step in the right direction. The medical facilities, both preventive and curative, available to the citizens of the country, are very meagre and a well integrated perspective plan is necessary to chalk out a long range programme which will envisage provision of minimum facilities (maternity, child welfare, medicine, surgery and advice of specialists) to all the citizens by a target date. A short term plan harnessing all medical workers, trained or semi-trained, into a well organised net work is also necessary, so as to provide some rudiments of medical care to all the pople here and now. The proposed Committee should take these factors into consideration while indicating the future provision of medical facilities and general public health measures.	
6	10	The Committee welcome the introduction of the revised and intensified programme of Malaria Eradication from 1-4-1958 and hope that by well co-ordinated action and constant vigilance the programme will succeed in achieving its objective of eradicating Malaria from the country.	No remarks. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).

(*Further information called for by the Committee*)

Progress made in eradicating Malaria may please be furnished.

(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960)

Under the National Malaria Eradication Programme commencing from April 1958, 386·75 units have been established in the States. These units are carrying out intensive spraying of insecticides chiefly DDT and the target is to spary in every roofed structure twice in a year in endemic areas and once in hypoendemic areas. The malariometric indices in most of the units have shown a considerable decline. The child spleen and parasite rates in hyper-mese endemic areas have been lowered to 3·2 and 0·5 per cent respectively in 1958-59 as against 15·7 and 3·9 respectively observed in 1953-54 when the National Malaria Control Programme was launched and 84 endemic units functioned. Further, in many units in various States the infant parasite rate has been brought down to zero level by 1958-59. In a programme of this nature data on infant parasite rate which is considered to be index of transmission of malaria, serve valuable information as to the trend of progress and achievement.

The proportionate case rate indicating the percentage of clinically diagnosed malaria cases to total number of cases due to all causes reported to hospitals and dispensaries have been brought down to 4·0 in 1958-59 against 10 8 observed in 1953-54.

(*Ministry of Health O.M. No. F.* 7-50/59-*B*, *dated* 23-8-1960).

(1)	(2)	(3)	(4)
7	12-13	According to the original Malaria Control Programme it was proposed to cover 20 Million people by opening 200 centres uptil 1956-57. Actually, however, only 145.25 million people were covered by 169.25 centres. The reasons given by the Ministry (mentioned in paras. 12-13) indicate lack of pre-planning and some rigidity of approach to the problem. The Committee, therefore, suggest that concerted efforts should be made from the very beginning to achieve the targets aimed at in case of the Malaria Eradication Programme.	Noted for future guidance. (*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 23-8-1960).
8	14	The Committee are of the opinion that the reasons for the delay in submission of reports on the part of certain Malaria Control Units should be investigated and responsibility fixed so as to avoid such recurrences in future. Some concrete measures appear to be necessary to receive reports from each of the Malaria Control Units by the due dates fixed. (*Further information called for by the Committee*).	The State Governments have been requested to issue necessary instructions to the Malaria Control Units to submit their reports to the Director, National Malaria Eradication Programme on due dates without fail. (*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 23*rd August*, 1960).
		Please intimate whether the instuctions narrated in the reply have been issued by the State Governments and if so with what results.	The Director, National Malaria Eradication Programme had issued a circular to all the Directors of Health Services of the State Governments

		(*L.S.S. O.M. No. 30-EC-II/59, dated 3rd May*, 1960).	in his letter dated the 24th June, 1959 requesting them to take steps to ensure that monthly reports from the Malaria units reached the Malaria Institute of India by the middle of the month following that to which those related and latest by the 20th of a month. 2. In response to the above circular letter issued by the Director, N.M.E.P. all the Directors of State Health Services have issued instructions to Malaria Unit Officers for timely submission of reports. As a result of this the position regarding receipt of returns has improved appreciably and the returns are received from most of the units by the end of the month following that to which they relate. The States/ Administrations in which improvement has not been effected are Andhra Pradesh, Assam, Bihar Bombay, Mysore, Orissa, NEFA and Tripura. Every effort is being made to get returns from the units in time. (*Ministry of Health O.M. No. F.7-50/59-B, dated 23rd August*, 1960).
9	15	The Committee are glad to learn about the results of pilot studies (mentioned in para 15) made to assess the socio-economic effects of the Malaria Control Programme. They hope that the authorities will succeed in eradicating the scourge of malaria completely by the target date as envisaged in the Malaria Eradication programme.	Noted. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25th January*, 1960).

1	2	3	4
10	16	The Committee suggest that people's representatives should be associated in the execution of the Malaria Eradication Programme in the form of Advisory Committees at the Central, State, District and Block levels. The Committees at the District or Block levels may also be entrusted the work of supervising the work of malaria staff working in villages so that all the personnel employed in the work are effectively utilised. Active co-operation of the village panchayats should also be sought to make the programme effective and broad based. This will enable the general public to actively participate in the work, creating a sense of urgency for the whole scheme.	People's representatives at every possible level have always been associated in the eradication programme. At the instance of the Central Council of Health the Ministry has already addressed the State Governments for obtaining the Co-operation of the public at large for the successful implementation of the National Malaria Eradication Programme.
		(*Further information called for by the Committee*).	(*Ministry of Health O.M. No. F.7-50/59-B, dated 23rd August*, 1960).
		Please intimate whether the Advisory Committees comprising People's representatives have been formed at the Central , State, District and Block levels.	As stated in the previous reply the State Governments have been requested to obtain the opinion of the public at large for the successful implementation of the National Malaria Eradication Programme. No Advisory Committees comprising the people's representatives have, however, been formed.
		(*L.S.S. O.M. No. 30-EC-II/59, dated 3rd May*, 1960).	(*Ministry of Health O. M. No. F.-7-50/59 B, dated 23rd August*, 1960).

		sanctioning the implementation of Malaria Eradication programme are not known to the Ministry of Health. They feel that active participation of all the States in a National Programme of this type is very essential. They therefore, suggest that the Ministry should make efforts to persuade the three States to join the programme.	have been established. (*Ministry of Health O.M. No. F.7-50/59-B, dated* 23-8-1960).
12	21	The Committee suggest that suitable proposals should be considered by the Ministry in advance as to how the staff, that would be released after the Malaria Eradication Programme is completed, would be usefully utilised. (*Further information called for by the Committee*).	The Comments of the State Governments in the matter have been invited. The matter will be further examined on receipt of their replies. (*Ministry of Health O.M. No. F.7-50/59-B, dated* 25-1-1960).
		Latest position in this respect may please be furnished. (*L.S.S. O.M. No.* 30-*EC-II*/59 *dated* 3*rd May*, 1960).	All the State Governments and Union Territories were addressed in the matter. Replies have so far been received from the following :— Madras, Bombay, Punjab, Orissa, Bihar, U.P., Kerala, Rajasthan, Mysore, Andhra Pradesh, Manipur and Himachal Pradesh. They have all indicated that the trained personnel would be absorbed in other Health Schemes when they are surplus to the requirements of the Malaria Eradication Programme.

1	2	3	4
			The defaulting State Governments and the Union Territories are being periodically reminded to furnish their replies. (*Ministry of Health O.M. No. F.7-50/50-H, dated 23-8-1960*).
13	22	The Committee suggest that the mosquito nuisance should also be tackled in a systematic way. For this purpose the public should be educated about the breeding places of mosquitoes and the techniques of controlling the breeding of mosquitoes in these places, apart from improving the environmental sanitation through Primary Health Centres.	The State Governments have been requested to issue necessary instructions in the matter. (*Ministry of Health O.M. No. F.7-50/50-H, dated 25-1-1960*).
17	27	The latest published annual report of the Malaria Institute of India relates to the years 1948-50 which was published in 1954. The combined annual report of the Institute for the years 1951-55 is stated to be in press and the material for the combined reports of Institute for the years 1956 and 1957 is still under collection. The Committee consider this an unhappy state of affairs. They, therefore, suggest that the Ministry of Health should ensure that the annual reports of all such Institutions in the affairs of which the Ministry has a say, are not normally delayed beyond six months after the expiry of the year under review.	Instructions have been issued to the Directorate General of Health Services and all the Institutes under the control of the Ministry of Health to submit their annual reports by the end of June every year. (*Ministry of Health O.M. No. F.7-50/50-H, dated 25-1-1960*).

		first two years of the Second Plan. This indicates that the urgent need of tackling the problem of tuberculosis on a National basis has not yet been fully realised. The Committee, therefore, suggest that the Ministry should take urgent and effective steps for more rapid control measures and to at least fulfil the targets aimed at during the Second Plan.	
24	37	The Committee suggest that the Ministry should keep a watch whether the costly equipments supplied by them to the various clinics are in working order. Steps should be taken to see that proper servicing and repairing agencies are made available wherever necessary, so that the costly equipment does not remain idle. This should be included in the terms of purchase of such machinery and the clinics which have been supplied the equipment should be specifically informed about the servicing and repairing agencies available for the purpose.	Noted for compliance. Necessary instructions have been issued to all the State Administrative Medical Officers. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25-1-1960*).
25	38	The Committee suggest that concerted efforts should be made by the authorities concerned at the Central and State levels to achieve the target of establishing 4,000 T.B. isolation beds during the Second Plan.	It is expected that the target would be achieved by the end of the Second Five Year Plan period. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25-1-1960*).

1	2	3	4
26	39	As preventive work is very important in the scheme of the control of tuberculosis, and in view of the inadequacy of the number of isolation beds under construction, the Committee recommends that stress should be laid on providing simply designed and cheaply constructed huts in the local areas for the isolation of infective patients, where home isolation is not possible. These huts may be placed in charge of a nurse and treatment provided by mobile units.	The recommendation has been forwarded to the State Governments for necessary action. (*Ministry of Health O.M. No. F. 7-50/ 59-B, dated* 25-1-1960).
		(*Further information called for by the Committee*). Please intimate whether the scheme of having simple designed and cheaply constructed huts in the local areas for the isolation of infective T.B. patients has been put into operation anywhere and if so to what extent. (*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).	The recommendation has been forwarded to the State Governments/Union Territories for necessary action. A scheme has been included in the Second Five Year Plan for the establishment of 4,000 Isolation beds which are designed to be simple and cheap-type of accommodation in or near the cities and primarily meant for those patients living in unhygienic houses for whom domiciliary treatment or isolation facilities in their homes are not possible. These isolation beds are preferably to be put up as annexes to the existing institutions or in new institutions that may be set up by local authorities. 4,570 isolation beds have been approved for establish-

		inadequate funds provided, there have been huge shortfalls in the actual expenditure compared to the budgeted estimates for various control schemes during the First Plan and the first two years of the Second Plan. This indicates that the urgent need of tackling the problem of tuberculosis on a National basis has not yet been fully realised. The Committee, therefore, suggest that the Ministry should take urgent and effective steps for more rapid control measures and to at least fulfil the targets aimed at during the Second Plan.	(*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).
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5	38	The Committee suggest that concerted efforts should be made by the authorities concerned at the Central and State levels to achieve the target of establishing 4,000 T.B. isolation beds during the Second Plan.	It is expected that the target would be achieved by the end of the Second Five Year Plan period. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).

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			Association, Tanjore, to establish the Open-air Centres. (*Ministry of Health O.M. No. F.7-50/59-B, dated* 23-8-1960).
27	40	The Committee hope that the proposal of establishing a Tuberculosis Training Centre will materialise early to meet the scarcity of trained tuberculosis personnel. They suggest that the trained personnel should be used for the purpose for which they are trained and to ensure this a follow up record of all these receiving specialised training should be maintained.	The National T.B. Institute has been established at Bangalore and it is expected to commence training of the medical and para-medical personnel from January 1960. The suggestion has been noted. The State Governments will also be addressed in the matter at the appropriate time. (*Ministry of Health O.M. No. F.7-50/59-B, dated* 25-1-1960).
28	41	The Committee suggest that in addition to giving the necessary training in suitable handicrafts, the Ministry may consider the feasibility of providing suitable avenues of employment by categorising or reserving certain jobs which do not require hard work in industries and other institutions both in private and public sectors for arrested tuberculosis patients who are really handicapped persons and on whom substantial sum has been spent during the course of their treatment, which would prove a waste unless adequate rehabilitation measures are evolved for every case that recovers after treatment.	Tde recommendation has been forwarded to the State Governments/Union Territories and the Ministry of Labour and Employment for necessary action. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960.)

ment in the various States from 1956-57 to 1959-60 and according to the information available with this Ministry 1,444 beds have been established upto the end of 1958-59. Also the Tanjore District T. B. Association has prepared a scheme for detecting and treating infective T.B. cases in panchayat areas with as little cost as possible to Government. The scheme envisages the establishment of small subsidiary T.B. Clinics at Sub-Divisional Headquarters which will work in conjunction with the main T.B. Clinics at the Headquarters of the District by the Government. Each clinic will have 10 Open-air Centres consisting of 20 beds. The subsidiary T.B. Clinics will be maintained by the Local T.B. Association and the Open-air Centres by Local Committees. Honorary local doctors will supervise the work of the subsidiary T.B. Clinics and the Open-air Centres. The Open-air-Centres will be in charge of a Public Health Nurse. The cost of subsidiary T.B. Clinic will be about Rs. 15,000/- while that of Open-air Centre Rs. 5,000/-. The recurring expenditure on each Open-air Centre will be about Rs. 1,800/- per annum. Food for the affluent people will be provided by themselves and that for the poor section by the local Committees. 5 such Centres on an experimental basis have been approved for establishment at Tanjore and necessary action has been taken by the T.B.

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		(*Further information called for by the Committee*) Information whether a scheme as contemplated in the recommendation has been formulated and whether it has been introduced in the Union Territories may please be furnished. (*L.S.S. O.M. No.* 30-*EC.II*/59, *dated* 3-5-1960.)	A statement containing the information received from the Union Administration except Delhi is at Appendix I. A reply from Delhi Municipal Corporation is awaited. In all these Territories antibiotics is given free to the deserving T.B. patients. A budget provision of Rs. 10 lakhs has been made for 1960-61 for the grant of Central Subsidy for construction of buildings and supply of free anti-T.B. drugs at the T.B. Clinics. (*Min. of Health O.M. No. F.*7-50/59-*B, dated* 23-8-60).
32	46	The Committee recommend that the Ministry should consider the feasibility of taking up regular research work at B.C.G. Vaccine Laboratory, Guindy with the assistance and advice of the Indian Council of Medical Research. (*Further information called for by the Committee*). Latest position in this respect may please be furnished. (*L.S.S. O.M. No.* 30-*EC-II*/50, *dated* 3-5-1960).	Noted. The question will be examined as soon as the installation of the Dry Freeze plant in the Laboratory is completed. (*Min. of Health O.M. No. F.*7-50/59-*B, dated* 25-1-1960). The manufacture of freeze-dried vaccine has not yet been started. Pilot studies are being conducted. The question of undertaking research on dry vaccine will be taken up when manufacturing starts. (*Min. of Health O.M. No. F.*7-50/59-*B, dated* 23-8-1960.)

33	47	The Committee suggest that the Ministry should examine the proposal of the C.P.W.D. in regard to the scarcity of storing space in the B.C.G. Vaccine Laboratory, Guindy than a temporary building worth about Rs. 6,000 or Rs. 7,000 could be put up for storage and later on construction of a permanent building for the purpose could be taken up. In any case, it should be ensured that necessary alternative arrangements are made for proper storage for the Laboratory before the existing rented building is got vacated.	The construction of the temporary building has been completed and it has been occupied. (*Min. of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).
36	53	The Committee suggest that a full time Director at the Office of the Director, Leprosy Control Work, Calcutta should be appointed without further delay. This officer should tour extensively, effect necessary co-ordination and give necessary technical guidance to various centres opened in different parts of the country. He should also make it his business to see that the leprosy control work progresses according to schedule and does not in any way lag behind.	Efforts so far made through the Union Public Service Commission and other sources including Military for the selection of a suitable candidate for the post of Director have not been successful. The matter is still being pursued. In the meanwhile an Asstt. Director has been appointed, who has been entrusted with the duty to visit the subsidiary centres set up by Government and also those institutions to which grants have been paid in order to see that they are working on right lines. (*Ministry of Health O.M. No. F. 7-50/59-B, date* 25-1-1960).
37	56	The Committee hope that the scheme for training of medical officers for anti-leprosy work will be implemented during the current year. To meet the shortage of medical personnel for leprosy work in the long run the Committee	(*i*) The opening of a training centre for medical officers at Medical College, Nagpur, has been sanctioned, and the first Training Course was undertaken from 2-9-59. (*ii*) As regards inclusion of training in leprosy in under-

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		suggest that adequate training for the control and care of leprosy should be included in all under-graduate courses.	graduate courses, the matter has been taken up with the Medical Council of India. This will be placed before the Council for their consideration at their next meeting. (*Min. of Health O.M. No. F.* 7-50/59 *B, dated* 25-1-1960).
		(*Further information called for by the Committee*).	
		The latest position regarding inclusion of training in leprosy in under-graduate courses may please be furnished. (*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960.)	The report of the Sub-Committee of the Medical Council of India was required to be placed before the Executive Committee of the Council at its meeting to be held on the 21st May, 1960. The decision of the Executive Committee is awaited. (*Min. of Health O.M. No. F.* 7-50/59, *B, dated* 23-8-1960.)
38	58	The Committee are of the opinion that more concerted efforts are necessary to impress upon the minds of the leprosy patients the importance and value of regular treatment. They suggest that the system of utilising the services of cured patients for this purpose might be introduced with advantage.	The State Governments and local Administrations have been addressed in the matter. (*Min. of Health O.M. No. F.* 7-50/59 *B, dated* 25-1-1960.)
40	60	The Committee suggest that the Ministry of Health should use its good offices with the	The State Governments and Union Territories have been addressed in the matter.

		State Governments to improve the working of leper homes, particularly those which are not notified either under the Lepers Act or the Beggars Act. They also suggest that notifying such Homes should be made compulsory.	(*Ministry of Health O.M. F. 7-50/59 B, dated 25-1-1960*)
42	62	The Committee suggest that the Ministry should examine the comprehensive scheme formulated by the Government of Bombay for the control and treatment of leprosy and urge the other State Governments to prepare schemes on similar lines, with such variations as are necessary to suit local conditions.	It is proposed to include a scheme on the lines formulated by the Govt. of Bombay in the Third Five Year Plan. (*Ministry of Health O.M. No. F. 7-50/59 B, dated 25-1-1960.*)
43	64	The Committee suggest that cases of shortfalls in expenditure as compared with the budget estimates due to lack of preparation by the State Governments should be discussed by the Central Council of Health so that remedial action can be taken to avoid recurrence in future. (*Further information called for by the Commitee*).	The suggestion will be placed before the Central Council of Health. (*Ministry of Health O.M. No. F. 7-50/59 B, dated 25-1-1960.*)
		Please intimate whether the suggestion has been considered by the Central Council of Health and the action thereon. (*L.S.S. O.M. No. 30-EC-II/59, dated 3-5-1960.*)	The matter will be placed at the next meeting of the Central Council of Health. (*Ministry of Health O.M. No. F. 7-50/59 B, dated 23-8-1960*).
44	65	The Committee suggest that in view of the overall high incidence of venereal diseases in certain parts of the country, the dearth of trained	The number of trainees attending the Venereal Diseases Training Centre, Safdarjang Hospital has increased during 1958-59. The total number

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		suggest that adequate training for the control and care of leprosy should be included in all under-graduate courses.	graduate courses, the matter has been taken up with the Medical Council of India. This will be placed before the Council for their consideration at their next meeting. (*Min. of Health O.M. No. F. 7-50/59 B, dated* 25-1-1960).
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		State Governments to improve the working of leper homes, particularly those which are not notified either under the Lepers Act or the Beggars Act. They also suggest that notifying such Homes should be made compulsory.	(*Ministry of Health O.M. F. 7-50/59 B, dated 25-1-1960*)
	63a	The Committee suggest that the Ministry should examine the comprehensive scheme formulated by the Government of Bombay for the control and treatment of leprosy and urge the other State Governments to prepare schemes on similar lines, with such variations as are necessary to suit local conditions.	It is proposed to include a scheme on the lines formulated by the Govt. of Bombay in the Third Five Year Plan. (*Ministry of Health O.M. No. F. 7-50/59 B, dated* 25-1-1960.)
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		Please intimate whether the suggestion has been considered by the Central Council of Health and the action thereon. (*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960.)	The matter will be placed at the next meeting of the Central Council of Health. (*Ministry of Health O.M. No. F. 7-50/59 B, dated* 23-8-1960).
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			Expert Committees have been received and are under examination. In the meantime, the recommendations of the Estimates Committee, have been communicated to the State Governments/ Administrations with a request to intimate to this Ministry the action taken/proposed to be taken by them to implement the recommendation of the Estimates Committee. (*Ministry of Health O.M. F. 7-50/59-B, dated* 25-1-1960).
		(*Further information called for by the Committee.*) Information regarding the recommendations of the Expert Committee in this connection and the action taken or proposed to be taken by the Government on them may please be furnished. (*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).	The recommendations of the Central Expert Committee were considered at the Extraordinary meeting of the Central Council of Health held in November, 1959 and the following resolution was adopted :— "The Council approves the recommendations of the Central Expert Committee on Small-pox, endorses the proposal for the appointment of Small-pox Control Commission, agrees with the Plan of pilot projects in 1960-61 with districts of 10-15 lakhs population as units, and recommends that provision for the latter

		should be taken up in all earnestness and speed.	
		(Further information called for by the Committee.)	
		What measures have been taken to make available iodised salt to the people living in the goitre belt. (*L. S.S. O.M. No. 30-EC-II/59, dated* 3-5-1960)	One iodisation plant processing 5 tons of iodised/iodated salt per day is working at Sambhar Lake and iodised salt is being supplied to 33 villages with a population of 29,539 and iodated salt to 16 villages with a population of 30,728 of Kangra District, Punjab, since December, 1956. Under the Goitre Control Scheme an Iodisation Plant is being supplied by the UNICEF. This plant will be installed at Sambhar Lake and will produce 16,000 metric tons of iodated salt per *annum*. This plant will cater to the need of 2.75 million persons. The total population affected by endemic Goitre is about 8.75 million. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 23-8-1960).
48	70	The Committee suggest that vigorous efforts should be made to root out small-pox completely as early as possible by arranging vaccination and re-vaccination on a large and comprehensive scale in a systematic way.	The ways and means for the eradication of small-pox and cholera have been considered by the Expert Committee appointed by the Government of India under the Indian Council of Medical Research and the representatives of similar expert committees appointed by the State Governments at a meeting held in Delhi in February, 1959. The recommendations of the

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			Expert Committees have been received and are under examination. In the meantime, the recommendations of the Estimates Committee, have been communicated to the State Governments/ Administrations with a request to intimate to this Ministry the action taken/proposed to be taken by them to implement the recommendation of the Estimates Committee. (*Ministry of Health O.M. F. 7-50/59-B, dated* 25-1-1960).
	(*Further information called for by the Committee.*)		
		Information regarding the recommendations of the Expert Committee in this connection and the action taken or proposed to be taken by the Government on them may please be furnished. (*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).	The recommendations of the Central Expert Committee were considered at the Extraordinary meeting of the Central Council of Health held in November, 1959 and the following resolution was adopted :— "The Council approves the recommendations of the Central Expert Committee on Small-pox, endorses the proposal for the appointment of Small-pox Control Commission, agrees with the Plan of pilot projects in 1960-61 with districts of 10-15 lakhs population as units, and recommends that provision for the latter

			be made in the next year's budget by the Ministry of Health as a Centrally sponsored scheme and suitable preparatory action taken in hand by the State Govts."
			In accordance with the recommendation of the Central Council of Health, Pilot Projects are being started in one district of each State and in Delhi during 1960-61 as part of the preparatory measures needed for the implementation of the proposed eradication programme during the Third Five Year Plan period. The entire cost on the Pilot Projects will be met by the Central Government. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 23-8-1960).
49	71	The Committee suggest that the Ministry should examine the possibility of selling Plague vaccine to an international organisation which may stock the vaccine at a central place to serve as the emergency pool for countries which are periodically affected by Plague, sot hat losses, if any, arising out of non-utilisation may either be avoided or substantially reduced.	Necessary action is being taken in consultation with International Organisations. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960). In pursuance of the said recommendation of the Estimates Committee the Dte. General of Health Services connected the UNICEF Area Office and the W.H.O. Regional Office for South East Asia, New Delhi, with a view to exploring the possibility of selling the non-utilised stock of Plague vaccine to either of the organisations who may

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			stock it at a central place to serve as emergency pool for supply to the countries, affected periodically by Plague. Both the Organisations have regretted their inability to undertake purchase and storage as suggested. The W.H.O. Regional Office, however, informed the countries of the Region of the readily available stocks of the vaccine in India, which, if needed, could be purchased by them on direct application to the Government of India, Ministry of Health. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-11-1960).
50	73	The Committee suggest that feasibility of establishing regional depots with the assistance of State Governments to store the Cholera vaccine so that the States needing the vaccine in a Zone may have it from the depot in that Zone may be examined by the Ministry of Health.	The question of supply, storage and distribution of Cholera vaccine was examined in detail by the Central Expert Committee on Small-pox and Cholera. That Committee has recommended that for ready availability of vaccine at short notice adequate stock should be maintained at Distt. Headquarters and there should be subsidiary depots at thana headquarters. The Administrative Medical Officer/Director, Public Health should bear the responsibility of co-ordinating procurement. The recommendation of the Committee is under examination. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).

The recommendation of the Estimates Committee was sent to the State Govts./Admins. Replies received from the State Govts./Admins. are given below :—

Andhra Pradesh : All the tests fo potency, purity and toxity and toxicity are being conducted at the Institute of Preventive Medicine with every batch of lymph, as per International Regulations before the lymph is issued for use in the field.

Mysore : Cholera vaccine is manufactured at the Public Health Institute, Bangalore, for use in the State.

Whenever there is an outbreak of Cholera anywhere in the State, indents are being placed with the Public Health Institute, through telegrams and the required quantities of anti-Cholera vaccine are being supplied immediately.

limited quantity of vaccine is also maintained at the District Headquartors for emergent purposes. There are refrigerators available in four districts of the State for storing biologicals. The other districts have not got any refrigerators for storing biologicals. Necessary provision has been made in the National Small-pox Eradication programme by the Central Expert Committee to equip districts with refrigerators.

Himachal Pradesh : Himachal Pradesh is not an endemic area in respect of Cholera which has

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			not occurred in this Territory for the last so many years. As such no action has been taken by the territory.
			Orissa : The question of establishing vaccine Institute is under consideration. Adequate stocks are maintained in S.C.B. Medical College, Cuttack. Due to lack of refrigerators and electricity it is not possible to go down to District Headquarters. The Director of Health Services, Orissa, is bearing the responsibility of co-ordinating procurement and distribution of vaccine within the State. Recommendation of the Committee is being implemented.
			Punjab : Epidemic Diseases Act, 1897 is already in force and under the Act the State have framed their own rules and regulations for the Control of Cholera.
			Rajasthan : The concerned Unit Administrative Officers will take all preventive measures as and when they receive any intimation of Cholera case from Panchayat Samiti.
			Laccadive, Minicoy and Amindive Islands : Cholera is rare in these Islands. There is no vaccine producing centre in this Union Territory, and whenever vaccine is required, it is obtained from the King Institute, Guindy.

			2. In this connection it may be stated that a similar recommendation regarding the setting up of subsidiary storage Depots at the District Headquarters and at some selected thana headquarters for storage and distributon of Small-pox vaccine has been made by the Expert Committee on Small-pox and Cholera. It does not seem to be the intention of the Expert Committee that separate storage and distribution centres for Cholera and Small-pox vaccines should be set up in the District and Thana Headquarters. The same agency can look after the storage and distribution of the Small-pox and Cholera vaccines. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-11-1960).
51	74	The Committee are distressed to note that though some of the countries have eliminated Cholera epidemic, it still persists in the country. They recommend that a concerted drive should be taken up by the Government of India along with the State Governments to control diseases like Cholera by eliminating flies, prohibiting sale of exposed food and providing for protected water supply.	Please see reply of Government against recommendation 48.
52	80	Whatever may be the reasons, the Committee feel that question of ensuring adequate supply of drinking water to all the citizens of the country does not seem to have received the	The question of strengthening public health Engineering Department in the States has all along been stressed. The matter was discussed in the latest conference of Public Health Engineers

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		[illegible]	and the State Governments were urged to implement this recommendation. (*Ministry of Health O.M. No. F-7-50/59-B, dated 25-1-1960.*)
		"The Council, taking into note of the difficulties and contingencies in the execution of the rural water supply schemes to which the Council attaches the greatest importance recommends to the Central and State Governments to streamline the procedure involved with a view to cutting short delays to a minimum and to further strengthen the P.H.E. (Public Health Engineering) Organisations in the States. Available training facilities should be utilised to the maximum extent."	
77	22	The Committee understand that in certain areas there are various water supply schemes sponsored by different agencies. In such cases it would be more economical and efficient if the resources of the different agencies are pooled and an integrated scheme worked out. The Committee would like the Ministry of Health to take initiative in the matter and examine this aspect of the question.	The State Governments have been requested to examine the suggestion and intimate to this Ministry the action they propose to take in the matter. (*Ministry of Health O.M. No. F.7-50/59-B, dated 25-1-1960*).

		the matter of proper processing of industrial effluents in all industries in the Public and Private sectors before their discharge into the public streams. To keep abreast of up-to-date know-how in the matter of treatment of sewage and industrial effluents, not only with a view to keeping public streams in a reasonable standard of purity, but also for the sake of industrial economy and to disseminate such knowledge to the industries should be the responsibility of the Ministry of Health and its application that of the Ministry of Commerce and Industry. Before new industries are established or existing industries are expanded, the consequences of such industries on pollution of local streams should be examined and adequate measures for its prevention by enforcing proper treatment of effluents be taken.	the expansion of the existing industries, which propose to discharge their industrial effluents into public streams. (*Ministry of Health O.M. No. F.7-50/59-B, dated 25-1-1960*).
60	92	The representative of the Ministry of Health agreed that action was necessary at the highest possible level to prevent the serious menace to the public health of the country caused by pollution of rivers by industrial effluents and sewage disposals and promised to initiate necessary action. The first step would be to have an intensive survey made of the situation, the results studied and remedies suggested.	The points mentioned at (i) and (ii) of the recommendation will be covered by the term of reference of the Expert Committee appointed by the Government of India for studying Public Health Engineering practices and procedures in foreign countries and for preparing a draft Manual for guidance of Public Health Engineerig in India. The Expert Committee has also been asked to make an intensive study of pollution of atmosphere by industries and by smoke emiting buses in the

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		The following two aspects of the problem need special emphasis :— (*i*) The positive aspect of treatment of industrial and sewage effluents before they are let out into public streams; and (*ii*) the preventive aspect of maintaining a reasonably scientific standard of purity of stream below the point of discharge of effluents' This survey might include pollution of atmosphere by industries and by smoke emitting buses in big cities and also the misuse of stored water in tanks etc. by the public for bathing, washing of clothes, cattle etc. (*Further information called for by the Committee*)	big cities and also the misuse of stored water in tanks etc. by public for bathing , washing clothes etc. (*Ministry of Health O.M. No. F.7-50/59-B, dated* 25-1-1960).
		Please intimate the recommendations of the Expert Committee in this respect and the action taken or proposed to be taken by Government.' (*L.S.S. O.M. No. 30-EC-II/59, dated 3rd May 1960*).	The report of the Expert Committee is awaited. (*Ministry of Health O.M.No.F.7-50/59-B dated* 23-8-1960).
62	94	As regards the pollution of rivers and public streams, some States have enacted laws to prevent this menace to public health ; But,	he remarks of the State Governments/Administrations have been called for,

no assessment has been made to see how far such legislation has been effective in abating actual or potential nuisance. The Committee suggest that the feasibility of having such an assessment made with a view to evolving reasonably uniform standard might be examined by the Ministry in consultation with the State Government.

(*Ministry of Health O.M. No. F-7/50/59-B, dated* 25th January, 1960).

(*Further information called for by the Committee*).

Please furnish the latest position in this respect.

(*L.S.S. O.M. No.* 30-*EC-II/59, dated 3rd May* 1960).

(1) The Government of Orissa alone have enacted "The Orissa River Pollution Prevention Act, 1953" to prevent the pollution of rivers. Under the Act, a River Board has been constituted for laying down standards of purity to be maintained in industrial effluents where these are discharged into the rivers and streams.

(2) In the States of Madras, Andhra Pradesh, Madhya Pradesh and West Bengal, the objective is sought to be achieved by making use of the provisions of the Public Health Acts, Factories Act or the Municipal Acts etc.

(3) The Government of India have constituted a committee for studying P.H. Engineering practices and procedures in foreign countries and for preparing a draft manual for guidance of P.H. Engineers in India.

(4) The Committee will make a general survey of the situation in India in regard to standards

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			and practices for works relating to environmental Hygiene, with immediate reference to the provision of water supply, sewerage and sewage disposal, collection and disposal of industrial wasted. The Committee will also examine the problem of the collection and disposal of the trade wastes and the allied problems of river and beach pollution and suggest common standards and specifications for the satisfactory disposal of trade wastes and for the effective control of river and beach pollution. (5) The Committee is expected to submit its report to the Government of India in 1961. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 23rd August*, 1960).
63	99	The Committee suggest that all the Slum Improvement/Clearance Schemes in Delhi should be processed through a single planning and controlling authority which is at present shared between Delhi Municipal Corporation and the Delhi Development Authority.	It has since been decided that Slum Clearance Schemes in Delhi would be executed by the Delhi Municipal Corporation under the administrative control of the Ministry of Works, Housing and Supply. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25th January*, 1960).
66	105	The Committee suggest that proper records of families evicted due to slum clearance should	This recommendation has been brought to the notice of the Ministry of Works, Housing and

		problem of providing alternative accommodation is known beforehand and only the claims of actual families who are evicted are taken into consideration while providing alternative accommodation.	[illegible] (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25th January*, 1960). The suggestion made by the Estimates Committee has been brought to the notice of the Municipal Corporation of Delhi for implementation as the Corporation are now responsible for the actual execution of slum clearance work as also for provision of alternative accommodation to families evicted from slum areas. In pursuance of the Jhuggis and Jhopris Project, which has since been approved by the Government for rehabilitation of 25,000 families now squatting on Government and public lands in the urban areas of Delhi, the Delhi Administration have already completed a census of the families squatting on Government and public lands in Delhi and are now tabulating the results of the census taken on the field. The developed plots (containing basic amenities) will be allotted to those families only who are covered by this census. (*Ministry of Health O.M. No. 7-50/59-B, dated 19th November*. 1960).
73	113	The Committee are of the opinion that concerted and prompt efforts are necessary on the part of	The Delhi Development Authority have assured that they are constantly taking suitable action

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		authorities concenred to prevent sub-letting of the tenements constructed by the Government. Care should be taken to see that the staff required to check and detect sub-letting do not connive at it.	to act up to this suggestion. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25th January*, 1960).
74	114	Large amount of dues are outstanding with the Delhi Development Authority in respect of ground rent, rent in respect of quarters etc. the Committee consider this an unfortunate state of affairs and suggest that proper and vigorous steps should be taken to ensure that past arrears are liquidated by a target date to be fixed by the Ministry and that new arrears are not allowed to accumulate in future.	The Delhi Development Authority has been directed to complete the assessments of all the 12,000 cases by the 15th April, 1960. Keeping in view the fact that the assessments of the Estate Officers are contestable in the court of law, the Delhi Development Authority have been directed to ensure that suitable steps are taken to liquidate the arrears within a period of two years commencing 15th April, 1959. (*Ministry of Health O.M. No. F.-7-50/59-B, dated 25th January*, 1960).
75	115	The Committee strongly feel that in an important activity like clearance and improvement of slums which are primarily for the benefit of the common man, the authorities concerned should evince a greater sense of urgency so that all the impediments in the achievement of targets—monetary and physical—envisaged in the budget estimates are removed and the benefits contemplated for the poorer section of the community are actually made available to them.	Noted. (*Ministry of Health O.M. No. F.-7-50/59-B, dated 25th January*, 1960).

77	117	At present the Office of the D.D.A. is located at three places and since the Vice-Chairman of the D.D.A. is also the Chairman of the Town Planning Organisation, he has to work at four places. It is stated that the Ministry of Health is constantly asking the Ministry of Works, Housing and Supply to provide accommodation in one place but in vain. The D.D.A. authorities are even prepared to locate their office in hutments constructed at one place. The Committee suggest that the matter should be settled at a high level to provide accommodation for D.D.A. Office at one place for smooth and efficient working.	It is proposed to locate the office of the D.D.A. in the proposed building of the Municipal Corporation of Delhi on the Circular Road—opposite Ramlila Gound. Necessary action in this regard is being taken by the Ministry of Works, Housing and Supply. (*Ministry of Health O.M. No. F.7-50/59-B, dated 25th January, 1960*).
78	118	At present 159 class IV staff and 162 other staff are working in the Delhi Development Authority. The strength of Class IV staff appears to be excessive. The Committee, therefore, suggest that a job analysis may be done of their work with a view to see that reduction can be effected.	The Delhi Development Authority had appointed a Committee consisting of the Engineer-Member, Finance-Member and Shri Sikandar Lal (Member, Delhi Development Authority, nominated by the Delhi Municipal Corporation) to scrutinise the existing staff position of the Authority After a careful examination of the work load and requirements, this Committee has recommended reduction of staff given below. Some further reduction would be possible if and when the entire office of the Authority can be located in one building. Officers . . . . . 2 Class III Staff . . . . . 10 Class IV Staff 12

1	2	3	4
			The above recommendation was approved by the Authority, at its meeting held on 21st May, 1959 and is being implemented immediately. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25th January*, 1960)
79	119	The Committee strongly feel that in order to ensure removal of slums from Delhi some practical steps will have to be taken to stop the influx of population and prevent growth of new unauthorised structures. For this purpose they recommend that the Government of India should take a bold decision that no new offices will be located in Delhi and that those that can be shifted outside will be shifted to other parts of the country. The Committee also suggest that suitable steps should be taken to see that fresh squatting is effectively prevented.	This recommendation has been brought to the notice of the Ministry of Works, Housing and Supply for necessary action. (*Ministry of Health O.M. No. F.7-50/59-B, dated 25th January*, 1960). *Unauthorised structures.*—Delhi Municipal Corporation; N.D.M.C.; D.D.A.; L. & D.O. etc. have been given adequate powers to demolish structures under the Delhi Municipal Corporation Act; Punjab Municipal Act; Slum Areas (Clearance and Improvement) Act and the Public Premises (Eviction of Unauthorised Occupants) Act, etc.

Location of offices in Delhi.—Cabinet in its meeting held on 13th June 1957 decided that no new office should be established in Delhi nor any office shifted from outside places into Delhi without the express approval of the Cabinet given on the recommendation of the Accommodation Advisory Committee. Subsequent to this decision, Accommodation Advisory Committee decided on the location of certain offices in Delhi and a summary was submitted to the Cabinet for approval of the decisions taken by the Accommodation Advisory Committee. The Cabinet in its meeting held on 7th February 1959 decined that the cases of the offices whose location in Delhi has been approved by the Acommodation Advisory Committee, should be examined by a Special Committee of the Cabinet (Comprising of the Deputy Chairman, Planning Commission, Minister for Steel, Mines and Fuel and Minister for Works, Housing and Supply) with a view to determine the absolute essentiality of location of such offices in Delhi and the possibility of shifting them outside Delhi.

Shifting of offices from Delhi:—The question of move of offices outside Delhi has been engaging the attention of Government for a number of years. It has, however, not been possible to make any progress in the past as various difficulties of practical nature arose and it was not found easy to overcome them.

1	2	3	4
			As the shortage of both office and residential accommodation continued to grow, despite new construction on an appreciable scale, another determined effort was made in 1958 and this time it has been possible to achieve a measure of success in this direction. Seven offices, as indicated in the enclosed list (Annexure*) have already been shifted to Nagpur, Mussoorie and Jaipur.
			As a result of shifting of these seven offices the move of which has been completed, 750 Government Officers of various ranks have moved out of Delhi releasing about 50,000 sq. ft., of office space and 200 Government residential units. Another Office, the Indian Bureau of Mines, has completed shifting to Nagpur from Delhi/Calcutta excepting the Stores and Workshops Division for which new construction is nearing completion. The remaining divisions will shift as soon as the work is completed. When the move of the Indian Bureau of Mines has been completed, they will release office space of about 18,000 sq. ft. and 30 residential units. in Delhi in addition to about 1,05,000 sq. ft. of office, storage and workshop accommodation in Calcutta. After prolonged efforts it

has also been possible to shift the I.A.S. School to Mussorie (in August-September, 1959) which has resulted in the release of about 20,000 sq. ft. of office accommodation and a few residential units in old Delhi.

Mechanical and Civil Engineering Directorate of the Research, Designs and Standards Organisation along with their General and Administration Sections have been shifted from, Delhi/Chittaranjan to Simla in March-May 1960. As a result of this 387 persons from Delhi and 145 from Chittaranjan have moved to Simla. Thirty-three persons from Delhi and 32 persons from Chittaranjan have still to shift to Simla. With the completion of the shifting, the Research, Designs and Standards Organisation would have vacated 16,843, sq. ft. of office accommodation (1695 sq. ft. in the general pool and the remaining belonging to Northern Railways.)

In addition to the Research, Designs and Standards Organisation, it has been possible to shift a part of the office of the Registrar o Newspapers for India to Simla. About 33 officers from this office have shifted to Simla releasing thereby 1,500 sq. ft. of accommodation in addition to 7 Government residential units in Delhi/New Delhi.

*N.B. The enclosed list of 7 offices is reproduced as Appendix 1.

1	2	3	4
			The Agriculture Labour Enquiry Division of the Ministry of Labour and Employment consisting of 32 officers has been shifted to Simla and started functioning there with effect from 10-9-60. (*Mininstry of Health O.M. No. F.7-50/59-Pt. dated* 19-11-1960.)
81	121	The Committee suggest that suitable measures should be taken to see that temporary hutments etc. erected by the contractors for housing the temporary labour are cleared off when a particular building project has been completed and that during the construction phase when labour has to be housed in those hutments, the contractor, provides minimum sanitary and other facilities to the labour working under him.	The recommendation has been brought to the notice of the Works, Housing and Supply Ministry for necessary action. (*Ministry of Health O.M. No. F.-7-50/59-B. dated* 25-1-1960.) The standard contract forms used in C.P.W.D already stipulate that the contractor(s) shall require his/their labourers to vacate and shall

The contract forms also require the contractors to provide minimum sanitary and other facilities to the labour working under them and housed in temporary hutments. The recommendation of the Estimates Committee has also been brought to the notice of the Municipal Corporation of Delhi for necessary action.

(*Ministry of Health O.M. No. F. 7-50/59-Pt. dated 19-11-1960.*)

CHAPTER III

REPLIES OF GOVERNMENT THAT HAVE BEEN ACCEPTED BY THE COMMITTEE

Serial No. (as in Appendix VIII to 37th Report)	Reference to paragraph No. of the Report	Summary of Recommendation/Conclusion	Reply of Government
1	2	3	4
3	6	The slow progress of expenditure witnessed during the first two years of the Second Plan in a large number of health schemes indicates a lack of proper plan consciousness in various health departments. The Committee would like to make the following recommendations to end this state of affairs : (*a*) The Central Ministry should at regular intervals review the progress of different health schemes and devise measures for an organised approach to accelerate the pace of progress.	Periodic reviews are already being made and funds diverted from one scheme to another where necessary, for effective implementation of the various schemes included in the Second Five Year Plan of this Ministry. (*Ministry of Health O.M. No. F.* 7-50/59-B. *dated* 25-1-1960).

(*b*) In cases where a planned expenditure on a particular scheme is not likely to be incurred, funds may be diverted from one scheme to another so that there is maximum realisation of targets, both physical and monetary, in the Second Five Year Plan.

(*c*) Such a review will help the Ministry to find out the position of the Plan provision which it cannot usefully spend so that the amounts can be surrendered in consultation with the Planning Commission which can divert them to other schemes which are ready for execution but which have been held up for want of funds.

(*d*) While thus diverting the funds from any scheme special efforts should be made for utilising the funds thus made available for environmental sanitation and water supply schemes which should receive the highest priority.

(*Further information called for by the Committee*)

It may please be clarified whether the recommendation in Serial No. 3(d) was kept in view in directing the funds from any scheme.

(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).

The schemes mentioned by the Estimates Committee are no doubt important and require extra funds, but over-riding priority had to be given to schemes relating Malaria Eradication and assistance to Medical Colleges. Some funds were therefore, diverted for those schemes.

(*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 23-8-1960).

2		3	4
34	49	The Committee suggest that the Ministry should give grants-in-aid or provide money from other sources to institutions of all India reputation like the Lady Linlithgow Sanatorium at Kasauli to reserve some free beds at concessional rates for poor patients from among the general public so that the common man can also utilise the excellent facilities available at such institutions. (*Further information called for by the Committee*). Please intimate whether grants-in-aid as recommended have been given or whether any such scheme has been formulated. (*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).	The recommendation has been forwarded to the State Governments/Union Administrations for implementation as far as possible. (*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 25-1-1960). 4 beds for poor T. B. patients have been reserved at the Madar Union Sanatorium, Ajmer. The provision of medical facilities for public is the responsibility of the State Governments/Union Administrations to whom the recommendation has already been forwarded for implementation. (*Ministry of Health O.M. No. F.* 7-50/59-*B. dated* 23-8-1960).
39	59	The Committee suggest that different categories of leprosy patients such as those who are to be treated at the initial stage with a good chance of cure and rehabilitation, advanced cases which may prove incurable or are left with permanent	(*i*) A scheme for the rehabilitation of leprosy patients is being prepared for inclusion in the Third Five Year Plan,

deformities and may have to remain more or less for the rest of their lives in such institutions and those who are in the convalescent stage or rehabilitation stage, should as far as practicable be located in different homes. Particularly those incurable patients or burnt out cases with severe deformities who have to live for long periods should be housed separately in cottage type of accommodation instead of keeping them permanently in leprosy homes and dormitories with other patients. Moreover, there should be a separate place for the healthy children of leprous mothers with arrangements for their education and medical supervision watching for any appearance of signs and symptoms of the disease. The Committee suggest that the Ministry should evolve a suitable scheme, in consultation with the State Governments, to implement these proposals.

(*ii*) As regards the Scheme for the maintennce of the healthy children of leprosy patients, a scheme is being formulated in consultation with the State Administrative Medical Officers and the leading Voluntary Organisations.

(*Min. of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960.)

(*Further information called for by the Committee*).

Information as to whether the scheme for the maintenance of the healthy children of leprosy patients has since been formulated and if so its details may please be furnished.

(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).

The scheme was considered by the Leprosy Advisory Committee of the Govt. of India at its 4th meeting held in January, 1960. The Committee recommended that the matter may be discussed at the zonal meetings which have not been held so far.

(*Min. of Health O. M. No. F. 7-50/59-B, dated* 23-8-1960).

41	61	In the action taken on a resolution of the 5th Meeting of Central Council of Health held in December 1956, it is stated that enabling legislation for compulsory segregation of leper beggars with provision for relief and treatment should be promoted by the Central Government. The Committee feel that such legislation is very necessary and, therefore, recommend that this should be undertaken expeditiously.	This matter was considered by the State Leprosy Officers Conference, who did not favour the proposed legislation. The matter will be placed before the next meeting of the Central Council of Health for further consideration. (*Min. of Health O.M. No. F. 7-50/59-B, dated 25-1-1960*)
		(*Further information called for by the Committee*) (*i*) Reasons for the State Leprosy Officers Conference not favouring the proposed legislation may please be furnished. (*ii*) Decision of the Central Council of Health, if since held, may also please be intimated. (*L.S.S. O.M. No. 30-EC-II/59, dated 3-5-1960*).	(*i*) The leprologists of the World did not favour any legislation for leprosy at the VII International Congress on Leprology, and W.H.O. Inter-Regional Conference on Leprosy, held in Tokyo in November, 1958. In view of the above expert opinion of the leprologists, the State Leprosy Officers Conference did not recommend the enactment of the proposed legislation for compulsory segregation of leper beggars. (*ii*) The matter will be placed at the next meeting of the Central Council of Health. (*Min. of Health O.M. No. F. 7-50/59-B, dated 23-8-1960*).

The incidence of V. D. is already high in the hill areas. The Committee are of the opinion that V. D. control and treatment centres opened there and operated with the help of social workers would result in prevention of further spread of V.D. in the hill population and should, therefore, be undertaken without delay. They also suggest that all maternity clinics should be provided with a serological section for detection and free treatment given to those discovered to have venereal diseases to afford cent per cent protection to the newly born. If the mother is properly treated at an early stage, the child will not get the infection. Thus the interests of the coming generation will be protected.

intensive V. D. campaigns in these areas. In certain parts, clinics have already been established.

While it is desirable to have routine ante-natal blood tests and give free treatment to positive cases detected, it is not practicable to have a separate serological section attached to individual Maternity Clinics and Maternity Child Health Centres. This function could be easily carried out by existing V.D. laboratories in the respective areas where the blood should be sent from the Maternity Child Health Centres.

(*Min. of Health O.M. No. F.7-50/59-B, dated* 25-1-1960).

(*Further information called for by the Committee*)

Please furnish the following information :—

(*i*) Progress of the V.D. Control Programme in the hill areas.

(*i*) Venereal Diseases are highly prevalent in hilly areas of the sub-Himalayan tracts inhabited by Adibasis and tribal people. Under the V. D. Control Scheme areas with high incidence of V. D. are selected for intensive mass treatment campaigns to achieve at least 95% coverage of the population at risk in the shortest time with

a view to breaking the chain of infection and preventing the spread of diseases in the area.

At present one such programme is in operation in Himachal Pradesh. Since 1949 a WHO V. D. Demonstration Team carried out extensive survey and treatment programme and also trained 16 such teams from various States. The work has now been taken over by the V. D. Organisation of Himachal Pradesh. The following figures show the work done by the organisation:—

Area in Himachal Pradesh	Percentage of syphilis at the time of original survey	Percentage of syphilis during re-survey in 1957
Mahasu District	29·2% (in 1949)	19·27%
Bilaspur District	30·0% (in 1950)	9·00%
Sirmur District	35·0% (in 1961)	28·50%* *In certain areas this since has fallen to 13%.

Chamba District	25.5% (in 1952)	14.20%
Mandi District	29.0% (in 1953)	13.70%

Under an intensive campaign launched in Mahasu District in 1958, 7 Additional clinics, one each at Rampur, Rohru, Chopal, Kumarsain, Solan and Arki were opened which treated 4296 V. D. cases in 1958 and 6392 such cases in 1959.

An intensive mass anti-V.D. Programme in Kulu Valley of the Punjab was started in collaboration with the UNICEF in September, 1959.

Similar programmes are also proposed in Jaunsar Bawar in Uttar Pradesh.

(ii) Whether routine ante-natal blood tests are being carried out.

(ii) As the staff at the ante-natal clinics is very small as compared to the number attended it is not possible to undertake ante-natal blood test for all women as a routine. Blood tests are done for selected cases where the history indicates evidence of the disease. Routine ante-natal tests are being done in some of the ante-natal clinics in large urban areas.

(iii) Whether free treatment is being given to positive cases detected.

(iii) There is provision for supply of Penicillin for free treatment of positive cases at all M.C.H. Centres where there is a doctor.

3	4
(*iv*) Whether blood is being sent where necessary, from the M.C.H. Centres to the existing V.D. Laboratories in the respective areas.	(*iv*) The number of V.D. laboratories is too small to cope with the demand of all the M.C.H. Centres. Arrangements are made by local authorities of the M.C.H. Centres for blood tests in the existing laboratories in the respective areas.
(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).	(*Ministry of Health O.M. No. F.*7-50/59-*B, dated* 23-8-1960).
The Committee are of the opinion that it would be advisable to utilise the amount provided under the rural water supply and sanitation schemes for supplying water even by constructing surface wells, sinking tubwells etc. rather than to allow the funds to lapse year after year. Priority may, however, continue to be given to protected piped water supply schemes wherever and whenever they can be readily implemented. The Committee are of the opinion that in schemes of this nature the discretion should vest with the Ministry concerned which may decide in consultation with the State Government, as to how best the funds should be utilised for a particular scheme, to suit local conditions, availability of material etc.	A proposal has been made to the Planning Commission that schemes for individual villages and construction of sanitary wells should also be approved under National Water Supply and Sanitation Programme (Rural). The matter is under their consideration.
	(*Min. of Health O.M. No. F.*7-50/59-*B, dated* 25-1-1960).
(*Further information called for by the Committee*)	
Please furnish the latest position about the proposal.	The matter is still under consideration in consultation with the Planning Commission.

deformities and may have to remain more or less for the rest of their lives in such institutions and those who are in the convalescent stage or rehabilitation stage, should as far as practicable be located in different homes. Particularly those incurable patients or burnt out cases with severe deformities who have to live for long periods should be housed separately in cottage type of accommodation instead of keeping them permanently in leprosy homes and dormitories with other patients. Moreover, there should be a separate place for the healthy children of leprous mothers with arrangements for their education and medical supervision watching for any appearance of signs and symptoms of the disease. The Committee suggest that the Ministry should evolve a suitable scheme, in consultation with the State Governments, to implement these proposals.

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1	2	3	4
41	61	In the action taken on a resolution of the 5th Meeting of Central Council of Health held in December 1956, it is stated that enabling legislation for compulsory segregation of leper-beggars with provision for relief and treatment should be promoted by the Central Government. The Committee feel that such legislation is very necessary and, therefore, recommend that this should be undertaken expeditiously.	This matter was considered by the State Leprosy Officers Conference, who did not favour the proposed legislation. The matter will be placed before the next meeting of the Central Council of Health for further consideration. (*Min. of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).
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(*Min. of Health O.M. No. F.7-50/59-B, dated* 25-1-1960).

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1	2	3	4
			a view to breaking the chain of infection and preventing the spread of diseases in the area.
			At present one such programme is in operation in Himachal Pradesh. Since 1949 a WHO V. D. Demonstration Team carried out extensive survey and treatment programme and also trained 16 such teams from various States. The work has now been taken over by the V. D. Organisation of Himachal Pradesh. The following figures show the work done by the organisation:—

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1	2	3	4
		(*iv*) Whether blood is being sent where necessary, from the M.C.H. Centres to the existing V.D. Laboratories in the respective areas.	(*iv*) The number of V.D. laboratories is too small to cope with the demand of all the M.C.H. Centres. Arrangements are made by local authorities of the M.C.H. Centres for blood tests in the existing laboratories in the respective areas.
		(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).	(*Ministry of Health O.M. No. F.*7-50/59-*B, dated* 23-8-1960).
53	81	The Committee are of the opinion that it would be advisable to utilise the amount provided under the rural water supply and sanitation schemes for supplying water even by constructing surface wells, sinking tubwells etc. rather than to allow the funds to lapse year after year. Priority may, however, continue to be given to protected piped water supply schemes wherever and whenever they can be readily implemented. The Committee are of the opinion that in schemes of this nature the discretion should vest with the Ministry concerned which may decide in consultation with the State Government, as to how best the funds should be utilised for a particular scheme, to suit local conditions, availability of material etc. (*Further information called for by the Committee*)	A proposal has been made to the Planning Commission that schemes for individual villages and construction of sanitary wells should also be approved under National Water Supply and Sanitation Programme (Rural). The matter is under their consideration. (*Min. of Health O.M. No. F.*7-50/59-*B, dated* 25-1-1960).

should also be borne in mind, for instance, a barber's shop should not be located next to a confectioner's shop.

This recommendation has been brought to the notice of the Municipal Corporation of Delhi.

It might however, be mentioned that the Slum Clearance Scheme essentially aims at providing alternative residential accommodation to the families living in slums not for providing alternative trade or business accommodation—although in certain compact slum clearance projects undertaken in Delhi a few shops have been built for allotment to eartwhile slum dwellers and tenements have also been built exclusively for the service personnel. Local bodies can finance the provision of the amenities from sources other than the slum clearance Scheme.

(Ministry of Health O.M. No. F.7 40/49 Pt., dated 19-11-1960).

68 108 Notice under section 4 of Land Acquisition Act, 1894 was issued for acquisition of about 207 acres of land beyond Shahdara Bund for execution of the Scheme of development. Only 50 acres of land was kept and the remaining portion of land not required for scheme was derequisitioned by the Delhi Administration. It is, however stated that if additional land is required it

The correct position in this regard is that after his visit to the Yamuna Bazar area on the 7th May, 1957, Prime Minister had directed that about 50 acres of land be acquired across Yamuna Bund for rehousing as many slum dwellers of Yamuna Bazar area as possible. It was also decided that since actual demarcation of the site required for the purpose might take some time,

1	2	3	4
		(*Further information called for by the Committee*) Please intimate whether a team of experts as contemplated in the recommendation has been appointed. It may also please be intimated as to when the proposed comprehensive survey is expected to be completed. (*L.S.S. O.M. No.* 38-EC-*II*/59, *dated* 3-5-1960)	The State Governments have been addressed to conduct a comprehensive survey relating to rural water supply and sanitation schemes of their respective States and to report their findings to this Ministry by the end of June, 1960. Replies are still awaited from most of the States. (*Min. of Health O.M. No. F.*7-50/59-*B, dated* 23-8-1960).
56	84	The Committee are of the opinion that a Water Supply Board consisting of experts and non-officials to advise the Ministry on matters connected with rural and urban water supply, will prove of great help in co-ordinating the efforts of different agencies engaged in supplying water, for instance Community Development Programme, Harijan Welfare Programme, Schemes for local works etc. and also for preparing new schemes for the speedy solution of the problem of drinking water supply. They, therefore, suggest that such a Board should be set up early.	This recommendation was discussed at an inter-ministerial meeting (consisting of the representatives of the Ministries of Home Affairs, Defence, Railways, Works, Housing and Supply, Labour and Employment) at which it was felt that such a Water Supply Board at the Centre will serve no useful prupose and that if at all such a board was necessary it should be at the State level. Problems vary from State to State and a Central Water Supply Board in which the various States will be represented, apart from experts would be both unwieldy and cumbersome. The recommendation has been forwarded to the State Governments

with a suggestion to set up water supply boards at the State level.

(*Min. of Health O.M. No. F.7-50/59-B, dated* 25-1-1960).

(*Further information called for by the Committee*)

Names of the States where Water Supply Boards have been set up may please be furnished.

(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).

A summary of the replies received from the State Governments/Administrations so far is at appendix II*. The matter is being pursued with the remaining State Governments/Administrations.

(*Min. of Health O.M. No. F.* [illegible] *dated* [illegible] 1960)

The Committee suggest that a special study should be made in those areas where there is lack of water supply but where tubewells can be sunk to find out:—

- whether the tubewell water can be used for supplying drinking water;
- whether a tube-well can serve both for [illegible] and drinking water supply [illegible] limited area.

[illegible]

The views of the State Governments in the matter [illegible] have been called for.

(*Min. of Health O.M. No. F.* [illegible] *dated* [illegible] 1960)

(*) [illegible]

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		in villages both for drinking water and irrigation in consultation with the Ministry of Food and Agriculture and the State Governments. The feasibility of utilising the large number of existing tubewells to supply drinking water through storage tanks and conduit pipes to the neighbouring villages should also be examined.	
		(*Further information called for by the Committee*)	
		Measures undertaken to have the special study as contemplated in the recommendation may please be intimated.	A summary of the replies received from the State Governments/Administrations is at Appendix III*.
		(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960).	(*Min. of Health O.M. No. F.* 7-50/59-*B, dated* 23-8-1960).
58	88	The Committee suggest that the Ministry of Health may examine in detail the feasibility of supplying water through conduirpipes from large reservoirs of perennial rivers taken through the length and breadth of the country and distributed to the villages through storage tanks, in consultation with the Central Water and Power Commission and the State Governments The Ministry has, however, sanctioned a scheme of similar nature for Sabarmati. The Committee suggest that this scheme should be implemented early. If the scheme is found to	The results and reports about progress of work on Sabarmati Water Supply Scheme are awaited before taking any definite decision on this recommendation. (*Min. of Health O.M. No. F.* 7-50/59-*B, dated* 25-1-1960).

70	110	The Committee suggest that efforts should be made to reduce the cost of construction by making practical use of the various low cost housing schemes which have been evolved from time to time. Further the planning of slum clearance housing should be done in such a way as to avoid over-dependence on critical materials like cement and steel the supply of which is both expensive and somewhat uncertain.	This recommendation has been brought to the notice of the Ministry of Works, Housing and Supply. (*Ministry of Health O.M. No. F. 7-50/59-B, dated 25-1-1960*). Under the Slum Clearance Scheme of this Ministry, the approved cost of a small two-roomed house in Delhi varies from Rs. 3,300 to Rs. 4,000/- plus Rs. 200/- depending on whether the house built is single-storeyed, double-storeyed or multi-storeyed. The standards of accommodation and specifications adopted in the construction of these houses are rock-bottom and any further reduction therein will either lead to uncomfortable living or will affect the life of the buildings. In fact, Municipal Corporation of Delhi have been requested to relax their standards and specifications to conform to the low cost housing standards prescribed under the Scheme both with a view to reduce the cost of construction as also to lower

brought to the notice of the Ministry of Works, Housing and Supply for necessary action.

(*Ministry of Health O.M. No. F. 7-50/59-B, dated 25-1-1960*).

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		will be later reacquired. The price of the land adjoining the developed area is bound to go up considerably resulting in profiteering by interested persons and the Government having to pay much more for the same land. The Committee therefore, suggest that the Ministry should take a serious view of this strange procedure which is likely to benefit a few owners of this land at the cost of the public exchequer, investigate the matter properly and ensure that such instances are not repeated in future.	the entire site in that area be notified under Section 4 of the Land Acquisition Act with a view to freezing the price of that land. The Delhi Administration, therefore, issued notifications for acquisition of the entire 207 acres of land in that area and after the C.P.W.D. had actually demarcated the 50 acres suggested for development they issued the final Notification in respect of 50 acres. However, the Delhi Development Authority have now suggested that it would be worth while acquiring the entire land in that area and this suggestion has been brought to the notice of the Ministry of Works, Housing and Supply for necessary action. (*Ministry of Health O.M. No. F.7-50/59-B, dated 25-1-1960*).
69	109	Rs. 15 per month (which is 50 per cent of the economic rent) is to be charged from each family living in one room tenements constructed by the Government. This rent seems to be too high for majority of the persons to be shifted in such tenements who are at present paying a rent ranging between Rs. 1 to 5. The Committee therefore, suggest that the feasibility of linking up the rent to be charged with the income of the tenants may be examined so that at least better relief can be provided to the poorer of tenants.	The Delhi Development Authority are of the view that it might be difficult to assess the income of each affected family. Besides, the income of a family is likely to fluctuate from time to time and there would, therefore, be administrative difficulties in such a system. The recommendation along with the comments of the Delhi Development Authority has been

			brought to the notice of the Ministry of Works, Housing and Supply for necessary action. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).
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			the rent of these houses. Efforts are also being continuously made to avoid over-dependence on critical materials like cement and steel. (*Ministry of Health O.M. No. F.7-50/59-Pt., dated 19-11-1960*).
71	111	At present, the construction work in new *bastis* created for the rehabilitation of slum dwellers is undertaken through C.P.W.D. and, therefore, the cost has been excessive. It might be economical and advisable to form the slum dwellers into co-operative societies and give them suitable plots with simple and clear specifications about the building to be constructed and a loan for building their own houses supplied in the form of materials and a little cash, recovering the loan in easy instalments. Some engineering supervision may also be provided during construction to help those who can build for themselves. The Committee suggest that this method may be tried at least in some cases as an experimental measures in the suburbs of Delhi.	This has been brought to the notice of the Ministry of Works, Housing and Supply for necessary action. (*Ministry of Health O.M. No. F.7-50/59-B, dated 25-1-1960*). The suggestion made by the Estimates Committee is already being given effect to in Delhi. Under the *Jhuggis* and *Jhopries* project for rehousing of 25,000 squatter-families in Delhi. it is proposed to allot developed plots measuring about 80 sq. Yds. containing the basic

			amenities (like an individual bath and w.c.) to each family on hire-purchase basis leaving it to the allottees to build their houses themselves with their own resources or with loan assistance available under Low Income Group or other Housing Schemes formulated by this Ministry. It is open to the allottees to form themselves into co-operatives for purpose of obtaining loan assistance under the Low Income Group Housing Scheme for construction of their houses on a co-operative basis. (*Ministry of Health O.M. No. F.* 1. 7-50/59-*Pt., dated* 19-11-1960).
72	112	The Committee are of the opinion that it might be better for the Delhi Development Authority to take lands for development on long terms lease rather than acquiring land and paying large sums. It might appreciably reduce the cost of schemes. They, therefore, suggest that this aspect should be carefully examined and implemented, wherever, feasible.	The Delhi Development Authority are of the view that outright acquisition of land would have over-riding advantages over lease of land, even though such lease may be a long term one. The Works, Housing and Supply Ministry, to whom a reference was made in the matter, are also of the same view. The reasons advanced by them are (i) the owners of such land are generally unwilling to alienate land and when forced to do so, they prefer to transfer their lands to Government only on outright sale basis rather than on long term basis, (ii) the acquisition of land on lease term basis is not advantageous to the Government as any appreciation in the value of land would go to the original proprietor although this appreciation in the value would be exclusively

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			due to development and construction by the Government. In view of this it would not be advantageous to accept the suggestion made by the Committee. (*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 25-1-1960).
80	120	The Committee are of the opinion that rehousing alone will not help the slum dwellers unless their economic conditions are also improved. They, therefore, suggest that suitable arrangements should be made for providing training *cum*-production centres in the neighbourhood of localities where the slum dwellers are resettled or in the slum areas which are redeveloped.	This recommendation has been brought to the notice of the Ministry of Works, Housing and Supply who are now concerned with this subject. (*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 25-1-1960). A similar recommendation was also made by the Advisory Committee on Slum Clearance (under the Chairmanship of the Union Minister of Law, Shri A.K. Sen) which was considered in consultation with the Planning Commission. The Planning Commission felt that in order to decide as to what type of industries etc. may be suitable for the people of a particular

slum area it will be better to conduct a survey to ascertain the present occupation of the slum dwellers as also their occupational preferences and the point as to how for the setting up of small scale and cottage industries may augment the income of the slum dwellers of different areas. The Ministry of Commerce and Industry have been requested to take up such a survey in the six major cities including Delhi.

(*Ministry of Health O.M. No. F. 7-50/59 Pt., dated* 19-11-1960).

CHAPTER IV

REPLIES OF GOVERNMENT THAT HAVE NOT BEEN FINALLY ACCEPTED BY THE COMMITTEE

Sl. No. as in Appendix IX to the Report	Reference to Para No. of the Report	Summary of Recommendations/Conclusions	Reply of Government	Comments of the Committee
1	2	3	4	5
14	23	The Committee are of the opinion that in the last two years of the campaign for Malaria Eradication, the villagers themselves should be given materials for use by themselves under the supervision of the Malaria personnel so as to educate them in the techniques of Malaria and mosquito control. Thus the villagers who have been informed of the breeding places and who have been educated in the use of materials and equipment for destroying mosquitoes may be able to tackle the mosquito nuisance when the Malaria Eradication Programme is complet-	Malaria Eradication is a Programme limited in time for success and deemed to failure if prolonged. Under the circumstances, it is inevitable that the execution of the technical part of the work will have to be carried out by wholetime paid personnel with a single-minded devotion to the cause. There is, however, a phase of activity in consolidation phase of the Eradication Programme where all able-bodied persons can collaborate. This will be for reporting of fever cases which will have to be examined for the presence or absence of malaria parasites in	While the Committee apppreciate the need for completely eradicating malaria within the stipulated period, they are of the view that the suggestion of the Committee does not conflict with this idea. Help of the villagers under the supervision of trained wholetime malaria eradication personnel will help early and effective implementation of the eradication programme. They, therefore, would like to reiterate their suggestion that at least the Panchayats be harnessed by giving them the necessary material and equipment right from now so that they can carry on

7	31	ed, and the existing personnel are withdrawn. In this respect the feasibility of assisting the Panchayats with equipment and materials to eliminate the mosquitoes after the Malaria Eradication Programme is completed, should be examined.	them. In addition, supervision of the measures in an eradication programme is of a paramount importance. It is therefore, reiterated that the execution as well as supervision necessitated full-time paid personnel to complete the programme within the specified time. (*Ministry of Health O.M. No. F. 7-50/59-B, dated the 25th January*, 1960).	the programme of eliminating the mosquitoes under proper supervision after the Malaria Eradication Programme is completed and the existing personnel are withdrawn.
15	24	The Committee are of the opinion that properly co-ordinated and pre-planned measures are necessary to avoid any wastage of men, material and machinery employed in the D.D.T. factories at Delhi and Alwaye when requirements of D.D.T. are substantially reduced at the end of the Malaria Eradication Programme.	Two D.D.T. Factories at Delhi and Alwaye are directly under the Ministry of Commerce and Industry who have already been apprised of the progressive reduction in demand of DDT reaching minimum level after the eradication. They have again been addressed in the matter. (*Ministry of Health O.M. No. F. 7-50/59-B, dated* 25-1-1960).	The Committee hope that every effort will be made for the absorption of surplus technical staff of the two factories in related Government undertakings by the management and the Government.
		(*Further information called for by the Committee*). Reply received from the Ministry of Commerce and Industry	The Ministry of Commerce & Industry have addressed the Managing Director, Hindustan Insecticides Ltd., New Delhi, bringing the recom-	

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		may please be indicated. (*L.S.S. O.M.No.* 30-*EC*-II/59, *dated* 3-5-1960).	mendation of the Estimates Committee to his notice. (*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 23-8-1960).	
16	24	The Committee suggest that the feasibility of shifting the Malaria Institute of India at a place outside Delhi, provided suitable accommodation can be found for it, might be examined. This would serve to reduce the congestion of Government offices in Delhi. (*Further information called for by the Committee*). Please intimate whether any efforts were made to locate suitable accommodation for the Institute outside Delhi. (*L.S.S. O.M. No.* 30-*EC*-II/59, *dated* 3-5-1960).	The Eradication Programme required very frequent consultation with the Central Ministries. It will not therefore be feasible to shift the Institute until the Eradication Programme is over. (*Min. of Health O.M. No. F.*7-50/59-*B, dated* 25-1-1960). As stated in the earlier reply, the Government of India are of the view that the Malaria Institute of India should continue to be accommodated in Delhi. No efforts have accordingly been made to find an alternative location for this institute. (*Ministry of Health O.M. No. F.* 7-50/59-*B, dated* 23-8-1960).	While the Committee do not agree with the reasons for not shifting the office to a place outside Delhi, they, however, do not wish to pursue the matter further in view of the fact that the Malaria Eradication. Programme will be brought to a close within the next few years.

23	36	The Committee suggest that prompt measures should be taken to get the supplies of T. B. equipment from D.G.S. & D. within reasonable time and to see that the equipment supplied to the State Governments is promptly and properly utilised as these are delicate instruments and if they are kept in packing cases unduly long they are likely to be damaged. The Committee would like the Ministry to take precautionary measures to ensure that the funds provided and important purpose are not allowed to lapse.	An indent for 60 sets of X-ray and Laboratory equipment to be supplied to T. B. Clinics was placed on the D.G.S. & D. in October, 1956. They have all been received and supplied to the T. B. Clinics in the different States. Out of these 44 have been installed and the State Govts. have been urged to take action to complete the installation of the remaining sets. Due to the non-availability in India of the X-ray and Laboratory equipment required for T.B. Clinics and due to the tight foreign exchange position, it has been decided not to obtain any more equipment during the current plan period and it will not, therefore, be possible to utilise the entire plan provision of Rs. 127·5 lakhs of the scheme. However, at the request of the Govt. of India the UNICEF have agreed to supply 20 sets of X-ray and laboratory equipment during the period 1959-60 and also to consider fur-	Sixty sets of X-ray and laboratory equipment were stated to have been received out of which 44 were already installed. From the further information furnished it is apparent that the 16 sets out of which seven had since been installed, were all received earlier than July, 59. The Committee are surprised at the inordinate delay in the installation of the equipment. They also hope that speedy action will be taken to instal the remaining sets not installed so far.

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			ther requests of the Government in this behalf. (*Min. of Health O. M. No. F. 7-50/59-B, dated* 25-1-1960).	
		(*Further information called for by the Committee*).		
		Please furnish the date and place of receipt of each of the 16 sets of X-ray and laboratory equipment stated to have not yet been installed and the date when each was installed (if done by now). Particulars of damage, if any, to such equipment due to inordinate delay in installation may also please be furnished. (*L. S. S. O. M. No.* 30-*EC*/59, *dated* 3-5-1960).	The required information is furnished below:	

Place	Date of receipt of equipment	Date of installation (if installed)	Particulars of damage due to delay in installation.
1. Hazaribagh .	The actual dates on which the X-ray machines were received by the consignees are not available.	March, 1960	
2. Jamshedpur		Do.	
3. Dhanbad .		Do.	
4. Gulbarga		15th June, 1960	
5. Cooch Behar		Oct.-Nov. 1959	
6. Ludhiana .		August, 1959	
7. Nizamabad		July, 1959	
8. Gaya .		(—)	
9. Muzaffarpur			

			12. Suri . .	(—)
			13. Burdwan .	(—)
			14. Limbdi .	(—)
			15. Bharatpur .	(—)
			16. Tezpur .	(—)
			(—) Not yet installed.	
			(*Min. of Health O. M. No. F. 7-50/59-B, dated* 23-8-1960.)	
30	43	A programme for having arrangements in schools and colleges for finding out T. B. among students was turned down for lack of funds. The Committee feel that it is very necessary that some arrangements should be made in schools and colleges to find out the incidence of T. B. among students specially in view of the fact that with the modern advances in medicine and surgery detection of this disease in early stages would mean that cure would be almost a certainty. They, therefore, suggest that the scheme should be re-examined, precessed and finalised early with the assistance of State Governments, Local Authorities and All India and State Medical Associations.	The subject matter primarily concern the State Governments, Union Territories as well as the Ministry of Education. A copy of the recommendation has been forwarded to the Ministry of Education for necessary action. (*Ministry of Health O. M. No. F. 7-50/59-B, dated* 25-1-1960.)	The Committee hope that an early decision will be taken in this important matter of introduction of a programme for finding out incidence of T. B among student community.

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		(*Further information called for by the Committee*) Please intimate whether a re-examination of the scheme originally turned down has been made and if so with what result. (*L. S. S.O. M. No.* 30-*EC-II*/59, *dated* 3-5-1960.)	As already intimated, the Ministry of Education which is concerned with the subject matter, has been supplied with a copy of the recommendation for necessary action. It is learnt that the Ministry of Education is considering the question. (*Ministry of Health O. M. No. F.* 7-50/59-*B*, *dated* 23-8-1960).	
35	49	The Committee suggest that the Indian Council of Medical Research might utilise the equipment and personnel available in the Lady Linlithgow Sanatorium Kasauli for research simultaneously upgrading its various sections and giving necessary assistance to the Sanatorium for these purposes.	It is not the policy of the Indian Council of Medical Research to give block grant to any institution for its upgrading or for general Research. The Council considers requests for funds for research on specific problems. A research proposal when received is considered by the appropriate Advisory Committee and the Scientific Advisory Board of the Council. If any proposal is found suitable and is re-	The Committee have noted the procedure followed for considering proposals for grant of funds for research. They, however feel that in view of the importance of the problem of T. B. the Indian Council of Medical Research might themselves sponsor research schemes in institutions like the Lady Linlithgow Sanatorium, Kasauli.

commended by the Scientific Advisory Board necessary funds are made available for the implementation of the proposal.

2. During 1953-54, Dr. T. J. Joseph of the Lady Linlithgow Sanatorium, Kasauli, approached the Indian Council of Medical Research for funds to undertake an investigation into the Bronchial mechanism involved in the formations, evolution and closure of pulmonary Cavities. Necessary funds were sanctioned by the Council and the inquiry terminated on the 31st March, 1955.

(*Min. of Health O. M. No. F.* 7-50/59-*B, dated* 25-1-1960)

(*Further information called for by the Committee*)

(*i*) It may please be intimated whether any other research scheme has been submitted to the I.C.M.R. by the Lady Linlithgow Sanatorium, Kasauli, and if so what the position in that respect is.

(*i*) In 1958, a resaerch scheme entitled "The study of the behaviour of Cavities in the lungs with a view to finding out their causes" submitted by Dr. V. K. Jha, First Senior Assistant Surgeon, Lady Linlithgow Sanatorium, Kasauli,

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			was received by the ICMR for grant of funds. The scheme was considered by the T. B. Sub-Committee of the Council at its meeting in November, 1958 and was not recommended by that Council for allotment of funds.	
		(*ii*) It may also be intimated whether any proposals for upgrading its various sections were received from the institution and whether any assistance has been given for this purpose.	(*ii*) No proposal for upgrading the various sections of the lady Linlithgow Sanatorium, Kasauli, has been received in the Ministry of Health. The question of giving any assistance to the institution for the purpose, therefore, does not arise.	
		(*L.S.S. O.M. No. 30-EC-II/59, dated* 3-5-1960.)	(*Min. of Health O.M. No. F-7-50/59-B, dated* 23-8-1960.)	
61	93	In the 5th meeting of the Central Council of Health, it was decided that the Central Ministry should prepare and circulate a draft Model Public Health Bill. This was not done as the Ministry of Law advised that it was not neces-	As recommended by the Committee, the position is being reviewed in consultation with the Directorate General of Health Services. (*Min. of Health O.M. No. F.-7-50/59-B, dated* 25-1-1960).	Decision on the question of preparing and circulating a draft Model Health Bill to the States may be expedited.

		sary. The Committee feel that the position may be reviewed again in view of the inadequate attention paid so far to the various public health problems. They also suggest that adequate provision for prevention of pollution of rivers and other sources of water supply should be made in this Model B 11.		
		(*Further information called for by the Committee*)		
		Please furnish the result of the review.	The question raised by the Estimates Committee is receiving attention of the Health Survey and Planning Committee.	
		(*L.S.S. O.M. No.* 30-*ECII*/59, *dated* 3-5-1960.)	(*Min. of Health O.M. No. F*-7-50 59-B, *dated* 23-8-1960.)	
76	116	The Committee hope that seeing the magnitude and urgency of the problem of slum clearance, the authorities of the Delhi Development Authority will be able to utilise usefully at least Rs. 3 5 crores placed at their disposal during the Second Plan.	No specific allotment has been made for slum clearance Works in Delhi during the Second Five Year Plan period and the amount of Rs. 3 5 crores mentioned by this Ministry was on the basis of some informal discussions which the then Joint Secretary of the Ministry of Health had with the Planning Commission.	Please see Chapter I.

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			was received by the ICMR for grant of funds. The scheme was considered by the T. B. Sub-Committee of the Council at its meeting in November, 1958 and was not recommended by that Council for allotment of funds.	
		(*ii*) It may also be intimated whether any proposals for upgrading its various sections were received from the institution and whether any assistance has been given for this purpose.	(*ii*) No proposal for upgrading the various sections of the lady Linlithgow Sanatorium, Kasauli, has been received in the Ministry of Health. The question of giving any assistance to the institution for the purpose, therefore, does not arise.	
		(*L.S.S. O.M. No.* 30-*EC-II*/59, *dated* 3-5-1960.)	(*Min. of Health O.M. No. F*-7-50/59-*B, dated* 23-8-1960.)	
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		sary. The Committee feel that the position may be reviewed again in view of the inadequate attention paid so far to the various public health problems. They also suggest that adequate provision for prevention of pollution of rivers and other sources of water supply should be made in this Model B ll.		
		(*Further information called for by the Committee*)		
		Please furnish the result of the review.	The question raised by the Estimates Committee is receiving attention of the HealthSurvey and Planning Committee.	
		(*L.S.S. O.M. No.* 30-*ECII*/59, *dated* 3-5-1960.)	(*Min. of Health O.M. No. F*-7-50 59-B, *dated* 23-8-1960.)	
76	116	The Committee hope that seeing the magnitude and urgency of the problem of slum clearance, the authorities of the Delhi Development Authority will be able to utilise usefully at least Rs. 3 5 crores placed at their disposal during the Second Plan.	No specific allotment has been made for slum clearance Works in Delhi during the Second Five Year Plan period and the amount of Rs. 3 5 crores mentioned by this Ministry was on the basis of some informal discussions which the then Joint Secretary of the Ministry of Health had with the Planning Commission.	Please see Chapter I.

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			The following *ad hoc* allocations have been made : Rs. lakhs 1957-58 . . 36 1958-59 . . 150 1959-60 . . 147 (*Ministry of Health O.M. No F-7-50/59-B, dated* 25-1-1960.)	
		(*Further information called for by the Committee*) Please intimate the amount actually utilised during the three years out of the allocations made. (*L.S. S.O.M.No.* 30-*ECII*/59, *dated* 3-5-1960.)	The following amounts have been utilised by the Delhi Development Authority and Delhi Municipal Corporation for undertaking slum clearance/improvement work in Delhi during the last three years :	

Executing Agency	*Year*	*Budgetted*	*Actually utilised*
Delhi Development Authority .	1957-58	38·00	38·00
Delhi Development Authority .	1958-59	150·00	112·00
Delhi Municipal Corporation .	1959-60	147·00	25·00

The slow progress of the Scheme during the year 1959-60 is attributed to the fact that the Corporation who took over the respon ibility for execution of the slum clearance work from Delhi Development Authority in March, 1959 had to gear up their administrative machinery to tackle this new work of development in the first year of the transfer. The preliminaries have been completed and the progress is expected to be better in the current financial year.

[*Min. of W.H. & S. O.M. No. B-5(3)/59(pt), dated* 19-11-1960.]

Figures regarding amounts budgetted and actually utilised during 1956-57 and 1960-61 in connection with the Delhi Slum clearance Scheme together with the causes of shortfalls in expenditure if any, may please be supplied latest by the 20th September, 1961.

(*L.S.S. O.M. No.* 30-*ECII*/59, *dated the* 15*th September*, 1961).

During the year 1956-57 the work relating to the Slum Clearance in Delhi was under the charge of the Ministry of Health and this work was transferred to the Ministry of Works, Housing & Supply in March, 1959. Information relating to the exact provision for Slum Clearance Scheme and the causes of shortfall, if any, during 1956-57 is being collected from the

1	2	3	4	5
			Ministry and will be furnished of Health to the Lok Sabha Secretariat as soon as possible	
			During 1960-61, a sum of Rs. 150 lacs was provided for slum Clearance work and the actual expenditure incurred was Rs. 15·37 lacs. The slow progress of the scheme during 1960-61 was due to the fact that the Delhi Municipal Corporation who took over the responsibility for execution of the Slum Clearance work in Delhi from the Delhi Development Authority in March, 1959, took some time to finalise their new programmes for Slum Clearance/Improvement in the Capital. In fact, the *Jhuggies* and *Jhopris* Clearance Scheme was sanctioned in January, 1960 only. The preliminaries have now been completed and the progress of work is expected to be	

better in the current financial year.

(*Ministry of Works ,Housing & Supply O.M. No. 5/3/59-Pt. B I, dated the 21st September,* 1961.)

The Ministry of Health, who were concerned with the implementation of Slum Clearance programme in Delhi, prior to March, 1959, have since intimated that neither any budget provision was made nor any expenditure incurred by that Ministry during the year 1956-57 for Slum Clearance in Delhi.

[*Ministry of Works, Housing & Supply O.M. No. 5/3/59 (Pt.) BI, dated the 9th October,* 1961].

NEW DELHI—1,

September 5, 1962

Bhadra 14, 1884 (*Saka*).

H. C. DASAPPA,

Chairman,

Estimates Committee.

APPENDIX I

[*Vide* reply to recommendation 31 in Chapter II]

Summary of replies received from Union Territories regarding supply of anti-biotics to T.B. patients either free or at concessional rates—Recommendation of the Estimates Committee—37th Report.

1. Andaman and Nicobar Islands.	All kinds of medicines including anti-biotics are issued free to T.B. patients.
2. Himachal Pradesh .	Under the scheme "Domiciliary Care" funds are provided for the purchase of anti-biotics which are given to deserving patients free of cost. In addition the T.B. Association, Himachal Pradesh also advances some amount to the District T.B. Associations out of which the anti-biotics are purchased on no profit basis and given to the patients. As regards the scheduled tribes separate provision is made under the social Welfare Schemes wherefrom the anti-biotics are supplied to the T.B. patients in the Scheduled Areas of the State.
3. Laccadive, Minicoy Amindivi Islands and	There are no hospitals, T.B. Clinics or Asylums. Medicines and anti-biotics are issued from the Government dispensaries to all patients free of cost. The M.Os. incharge of the Government dispensaries are being instructed to stock sufficient anti-biotics for supply to T.B. patients.
4. Manipur . .	Anti-T.B. drugs are supplied free of cost to all patients in the T.B. Hospital, T.B. Clinic attached to Civil Hospital, Imphal.
5. Tripura . . .	Anti-biotics are at present given to all T.B. patients free of cost. To facilitate the adequate supply of anti-biotics to all T.B. patients, it is proposed to open three zonal T.B. Clinics for diagnosis and advice and to provide necessary anti-biotics amongst the T.B. patients.

APPENDIX II

[*Vide* reply to recommendation 79 in Chapter II]

List of offices which have already shifted from Delhi during 1958

	Name of office	Place to which shifted
1	Office of the Custodian General of Evacuees Properties, Ministry of Rehabilitation . . .	Mussoorie
2.	Central Claims Organisation, Ministry of Rehabilitation	Do.
3.	Appellate Officer (Separation), Ministry of Rehabilitation	Do.
4.	Excavations Section, Pre-history Section, Atlas, Section and Muslim Epigraphy Section of the Department of Archaeology, Ministry of Scientific Research and Cultural Affairs . . .	Nagpur.
5.	Office of the Chief Inspector of Explosives, Ministry of Works, Housing and Supply . .	Do.
6.	Directorate of Agricultural Marketing and Inspection, Ministry of Food & Agriculture . .	Do.
7.	Office of the Salt Commissioner, Ministry of Commerce and Industry	Jaipur.

APPENDIX III

[*Vide* reply to recommendation 56 included in Chapter III]

Summary of the replies received from the State Govts./Administrations on recommendation No. 56 of the 37th Report of the Estimates Committee

Name of State	Summary of the reply
1. Assam	No necessity to set up such a board during the current Plan as all the areas to be covered under the National Water Supply and Sanitation Programme (Rural) have already been selected. However, the question will be taken up at the beginning of the 3rd Plan.
2. Mysore	There is no necessity to set up such a board in the State.
3. U.P.	The question of setting up such a board is under consideration of the State Govt.
4. Himachal Pradesh . .	All new water supply schemes are first examined by District Planning Committee where both officials and non-officials are represented. Any matter of dispute and doubt is discussed in the State Planning Committee, consisting of all Departmental heads and if necessary also in the State Advisory Board in which all local representatives of the various districts are represented. In view of this it is felt that the objects set forth by the Estimates Committee are already receiving due and careful attention both in official and non-official circl s.
5. Tripura	The Administration have already set up a Development Board to deal with matters referred to in the Estimates Committee's recommendation.
6. Manipur . . .	There is only one major urban water supply scheme *i.e.*, Imphal Water Supply Scheme in the Territory. At all other places in the Territory, arrangements for water supply are being made by the Block Development. Hence there appears to be no need to constitute any board at this stage.
7. Laccadive, Minicoy and Amindivi Islands	There is no need to set up a water supply Board as there are no major water supply schemes in the Territory.

APPENDIX IV

[*Vide* reply to recommendation 57 included in Chapter III]

Summary of the replies received from States in respect of recommendation No. 57 of the Estimates Committee 1958-59 thirty seventh Report (2nd Lok Sabha)—Public Health, Part I.

Name of State	Summary of the reply
1. Assam	The State Govt. is examining whether deep tube-wells at certain places can be installed to serve the purpose of drinkng water as well as for irrigation.
2. Bombay . . .	The suggestion is practicable in certain parts of the State only.
3. Jammu & Kashmir . .	Irrigation from tube-wells is not possible on account of the limited discharge and high cost of power.
4. Kerala . . .	A team of experts under the exploratory "Tube-well Programme" has reported that tube-well may not be a success in State when it is meant for irrigation purpose.
5. Madras	There is not likely to be any place in this State where tube-wells can be sunk to meet the requirements of both drinking water supply and irrigation. The State Govt. propose to keep the scheme for drinking water separate from that for irrigation.
6. Madhya Pradesh . .	It is not economical in most parts of this State to combine irrigation as well as water supply schemes from tube-wells. It is only in rare cases that such a thing would be feasible.
7. Punjab . . .	The suggestion can be followed, where it is more economical to base the schemes on irrigation tube-wells than by installing independent tube-wells.
8. Himachal Pradesh . .	Due to the hilly nature of the terrain in Himachal Pradesh tube-wells are not feasible.
9. Laccadive, Minicoy and Amindivi Islands	There is no scarcity of water in the area and as such no special action is required.

APPENDIX V

Analysis of the action taken by Government on the Recommendations contained in the Thirty-seventh Report (Second Lok Sabha) of the Estimates Committee

I.	Total number of recommendations	81
II.	Recommendations accepted fully by Government (*Vide* Recommendations in Chapter II)	
	Number	54
	Percentage to Total	66.7
III.	Recommendations accepted partly or with modifications (*Vide* Recommendations 3, 34, 39, 45, 54, 57, 58, 64, 65, 70, 71 and 80 in Chapter III)	
	Number	12
	Percentage to Total	14.8
IV.	Recommendations not accepted by Government but replies in respect of which have been accepted by the Committee (*Vide* Recommendations 41, 53, 56, 67, 68, 69 and 72 in Chapter III)	
	Number	7
	Percentage to Total	8.6
V.	Recommendations in respect of which replies of Government have not been finally accepted by the Committee (*Vide* Recommendation in Chapter IV)	
	Number	8
	Percentage to Total	9.9

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